



PTO/SB/17 (12/99)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT (\$)**

Complete if Known	
Application Number	09/715,495
Filing Date	November 17, 2000
First Named Inventor	Armand J. Savoie
Examiner Name	Stashick, A.
Group / Art Unit	3728
Attorney Docket No.	0430/144

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-4972**

Deposit Account Name **Bromberg & Sunstein LLP**

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1) (\$ 0.00)**

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
16	-20**	= <b>18</b>	= <b>0</b>
Independent Claims 2	- 3**	= <b>80</b>	= <b>0</b>
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ )**

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 380	216 190	Extension for reply within second month	0.00
117 870	217 435	Extension for reply within third month	0.00
118 1,360	218 680	Extension for reply within fourth month	0.00
128 1,850	228 925	Extension for reply within fifth month	0.00
119 300	219 150	Notice of Appeal	0.00
120 300	220 150	Filing a brief in support of an appeal	0.00
121 260	221 130	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,210	241 605	Petition to revive - unintentional	0.00
142 1,210	242 605	Utility issue fee (or reissue)	0.00
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00

Other fee (specify) **Terminal Disclaimer**

**110.00**

Other fee (specify) \_\_\_\_\_

**0.00**

\* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 110.00)**

## SUBMITTED BY

Name (Print/Type)	Jay Sandvos	Registration No. (Attorney/Agent)	43,900	Telephone	617-443-9292
Signature				Date	09/06/01

## WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



GAC 3728  
#

Practitioner's Docket No. 0430/144

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Savoie, Armand J.  
Application No.: 09/715,495  
Filed: 11/17/2000  
For: Method of Using Removable Cleat System

Group No.: 3728  
Examiner: Stashick, A.

Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is other than a small entity.

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TC 3700 MAIL ROOM

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

[x] deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

  
Signature

Jay Sandvos  
(type or print name of person certifying)

Date: September 6, 2001

A

## **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	16	Minus	20	= 0	x \$18 =      \$0
Indep.	2	Minus	3	= 0	x \$80 =      \$0
First Presentation of Multiple Dependent Claim				+ \$270 =	\$0
			Total		
			Addit. Fee		\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write **[0]** in Col. 3,
  - \*\* If the **[Highest No. Previously Paid For]** IN THIS SPACE (Column 2, Row 1) is less than 20, enter **[20]**.
  - \*\*\* If the **[Highest No. Previously Paid For]** IN THIS SPACE (Column 2, Row 2) is less than 3, enter **[3]**.
- The **[Highest No. Previously Paid For]** (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 19-4972.  
 If any additional fee for claims is required, charge Account No. 19-4972.

Date:

9/ 6/01



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